

**MARYLAND DEPARTMENT OF HEALTH
OFFICE OF FOOD PROTECTION AND CONSUMER HEALTH SERVICES
CENTER FOR MILK AND DAIRY PRODUCT SAFETY
1500 Pennsylvania Avenue, Hagerstown, MD 21742
301-791-4779**

APPLICATION FOR MILK PRODUCER'S PERMIT

In accordance with Maryland Health-General Code Annotated Title 21, Subtitle 4, application is made for a milk producer permit as follows: (PLEASE PRINT)

PRODUCER'S NAME: _____
(List in exact order desired. Include a farm name, if used, and names of all persons to appear on the permit).

MAILING ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip Code)

COUNTY: _____ **PHONE:** _____

EMAIL ADDRESS: _____

(Complete only if different from mailing address above)

FARM ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip Code)

COUNTY: _____ **PHONE:** _____

LOCATION OF FARM: (Describe how to find, starting with Post Office town)

PLEASE ANSWER THE FOLLOWING:

1. Does the above farm currently operate under a Maryland Milk Producer's Permit?
YES _____ NO _____ If yes, please list the name of the current permit holder:

2. List the name of the company that will market your milk:

3. Seasonal permit: YES ____ NO ____ (If yes, indicate months of operation _____)

I understand that issuance of this permit is conditional on consent to allow inspections as necessary to determine compliance with applicable laws and regulations. I also understand that failure to allow inspections may result in suspension or revocation of this permit. Any person, whose name appears on this permit, must sign below. Permits are not transferable from person to person or from one location to another.

Signature/Title Date

Signature/ Title Date

DO NOT WRITE BELOW THIS LINE

PERMIT NUMBER _____ **RECEIVER** _____ **PATRON NUMBER** _____

DATE OF INSPECTION _____ **DATE OF APPROVAL** _____

CMDPS SANITARIAN SIGNATURE _____